

Aim: The internet embodies a major source of information for patients preparing for common procedures such as colonoscopy. It is crucial that accurate, unbiased and readable information regarding colonoscopy and its complications is available to patients. This study assesses the quality of information available online for patients undergoing colonoscopy.

Method: We identified 125 websites from searching "colonoscopy" in the 5 most popular internet search engines. Website readability was measured using the Flesch Reading Ease Score, the Flesch-Kincaid Grade Level and the Gunning Fog Index. The quality of the websites was assessed by the DISCERN instrument, the JAMA benchmark criteria and Health on the Net (HON) Foundation certification.

Result: 69 individual URLs were evaluated. The overall quality was poor, with an average DISCERN score of 34.75 (0–80). The mean reading grade level was too high at 9 (recommended level, 6). Furthermore, HON code certification did not correspond to significantly higher DISCERN scores. This finding was consistent for websites authored by physicians.

Conclusion: The standard of information available regarding colonoscopy is low and is frequently written at a level considered too complex for most adults. As physicians we have the responsibility to recommend reliable sources of information for patients.

<http://dx.doi.org/10.1016/j.ijvs.2016.08.174>

1174: EXPERIENCE AND OUTCOMES OF SELF-EXPANDING METALLIC STENTS (SEMS) FOR COLONIC OBSTRUCTION IN A LARGE DISTRICT GENERAL HOSPITAL (DGH)

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Aim: Colonic obstruction has significant mortality and morbidity. SEMS can prevent palliative resection or allow symptom relief in those unfit for surgery as well as providing a "bridge to definitive surgery". This study reviews the outcomes of colonic SEMS in a large DGH.

Method: Three-year retrospective analysis of SEMS outcomes from 2012. Data were collected on success, complication and survival rates.

Result: Thirty-one patients (21 male, 10 female) with a median age of 74 (range 51–98) years were stented. Intention was palliative (65%) and as bridge to surgery (35%). The obstruction was primarily colorectal cancer (90%) located in the rectosigmoid (81%), with 18 (56.2%) stents placed electively and 14 (43.8%) emergently. Technical success was achieved in all but one where the stent was unable to pass through the tumour and clinical success was achieved in all but one due to stent blockage from extrinsic compression of peritoneal carcinomatosis. There were 4 (13%) early (<30 days) and 4 (13%) late complications. Early complications were perforation (n = 3) and occlusion (n = 1). Late complications were stent migration (n = 2) and perforation (n = 2). Our perforation rate dropped to 5% in the latest 20 cases. Median follow-up following SEMS insertion was 6.5 (0–37) months, with 58% of patients studied alive to date. Definitive surgery was performed in 9 cases.

Conclusion: SEMS has acceptable short-term morbidity and should be considered for the relief of colonic obstruction.

<http://dx.doi.org/10.1016/j.ijvs.2016.08.175>

1190: COLONIC STENTING: A SINGLE CENTRE'S 10-YEAR EXPERIENCE

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Aim: The use of colonic stents to relieve the symptoms of large bowel obstruction has increased over the last decade. We reviewed our outcomes to identify if successful stent placement, or perforation rates, were influenced by location, disease type, or fluoroscopic versus endoscopic assistance.

Method: A retrospective review was conducted of all patients treated at a single centre between 2006 and 2016.

Result: 206 stents were attempted in 180 patients during the study period. Overall success rate was 74.2% (153/206) with no statistical difference between benign and malignant disease (55.6% (5/9) vs. 75.1% (148/197),

p = 0.24). Attempted stent placement was associated with a perforation rate of 5.3% (11/206), and migration rate of 6.5% (10/153).

Stenting failure varied by anatomical location ranging from 12.5% in the rectum to 44.4% at the splenic flexure. For stents placed with endoscopic assistance from the beginning, the failure rate was 17.2% (5/29) compared to 25.4% (43/169) for fluoroscopy (p = 0.48).

Conclusion: Complications related to stent placements are low and similar to previous studies. Our data failed to demonstrate a statistically significant improvement in stent placement between fluoroscopy and endoscopic assistance. Colonic stenting remains an effective procedure to manage large bowel obstruction in both malignant and benign disease.

<http://dx.doi.org/10.1016/j.ijvs.2016.08.176>

1248: TEMS EXPERIENCE FROM A TERTIARY REFERRAL CENTRE

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Aim: Review of a single surgeon outcome of 98 consecutive TEMS procedures.

Method: Analysis of a prospectively maintained electronic database reporting: demographics, resection completeness, tumour size, nodal staging at 6 months and complications.

Result: 98 patients underwent surgery. 29 (30%) were preoperatively confirmed adenocarcinomas, 69 (70%) benign adenomas. Median ages were 78 years and 66 years respectively. Of the adenocarcinomas, 7/29 (24%) were T1, 12/29 (41%) were T2 and 10/29 (35%) were T3 tumours. 17/29 (59%) were ≤3 cm in size. Of the T1+2 tumours 17/19 (90%) had an R0 resection. 5/10 (50%) of T3 tumours had R0 margins. 6 month nodal staging data were available for 19/27 (70%) patients 2/29 (7%) were not due, 6/29 (23%) were undertaken at referral hospitals. 1/27 (4%) of the T1+2 were node positive with 2/27 (7%) of T3 patients node positive at six months. There were 3 post-operative complications that required intravenous antibiotics post-operatively.

Conclusion: Our data suggest TEMS resection is an acceptable modality for T1+2 tumours in our elderly population. For T3 tumours TEMS maybe the only available modality for resection but pre-operative counselling of treatment outcome is important. With open reporting of colorectal resection data open reporting of TEMS data nationally may be considered.

<http://dx.doi.org/10.1016/j.ijvs.2016.08.177>

Emergency general and trauma surgery

0177: THE BURDEN OF TRAUMA AT A DISTRICT HOSPITAL IN MALAWI

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Aim: To establish a trauma registry at a district hospital in Malawi.

Method: Information on all trauma patients presenting to Mulanje District Hospital from the 14th of April 2013 to the 30th December 2014 was collected. The form included data points for injuries recommended by the World Health Organisation and an injury severity assessment using the Kampala Trauma Score (KTS).

Result: 9073 trauma cases were recorded, 56.6% male and 43.4% female. The average age was 22.4 (0.6–98 years), many being students, in business or farmers. The median time taken to arrive at the hospital after sustaining the injury was 1 day (range 0–155 days) and most were assessed within an hour of arriving. Falls (53.2%), animal bites (16.6%) road traffic injuries (11.1%) and assaults (10.2%) were the most prevalent causes of injuries, the majority of the former two taking place at home. These also caused the